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	Восс	ment rag	, -	- 01 2				
Fill in this information to identify	your case:							
Lamarcus Robi	nson							
First Name	Middle Name	Last Name		_				
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name		_				
United States Bankruptcy Court for the:	Eastern District of Pennsyl	vania						
Case number 19-13861		•		Check if th	is is:			
(If known)				An ame				
				A supple	lement showing pos			
Official Forms 4001				income	as of the following	date:		
Official Form 106I			MM / DE) / YYYY				
Schedule I: You	ır Income					12/15		
Be as complete and accurate as posupplying correct information. If you fi you are separated and your spot separate sheet to this form. On the Part 1: Describe Employm	ou are married and not fili use is not filing with you, o top of any additional pag	ng jointly, and you lo not include info	ur sp ormat	ouse is living with you tion about your spou	ou, include informationse. If more space is i	on about your spouse. needed, attach a		
Fill in your employment information.		Debtor 1			Debtor 2 or non-f	filing spouse		
If you have more than one job,								
attach a separate page with information about additional	Employment status	Employed			Employed			
employers.		✓ Not employe	ed		Not employed			
Include part-time, seasonal, or self-employed work.								
Occupation may include student or homemaker, if it applies.	Occupation							
	Employer's name							
	Employer's address							
		Number Street			Number Street			
		City	Cto.	e ZIP Code	City	State ZIP Code		
	How long employed the	•	Stat	c ZIF Code	Oity	State ZIP Code		
	non long ompleyed the							
Part 2: Give Details About	Monthly Income							
Estimate monthly income as of spouse unless you are separated		. If you have nothing	ng to	report for any line, wri	te \$0 in the space. Inc	lude your non-filing		
If you or your non-filing spouse had below. If you need more space, a	ave more than one employe		rmatio	on for all employers fo	r that person on the lir	nes		
				For Debtor 1	For Debtor 2 or non-filing spouse			
List monthly gross wages, sal deductions). If not paid monthly,			2.	\$	\$	-		
3. Estimate and list monthly over	rtime pay.		3.	+\$	+ \$			
	· r · y			<u> </u>	*	-		

Official Form 106l Schedule I: Your Income page 1

4. Calculate gross income. Add line 2 + line 3.

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Last Name Document Page 2 of 2se number (if known) 19-13861 Debtor 1 Middle Name

			For	r Debtor 1		For Debtor 2 or non-filing spouse	,			
	Copy line 4 here	→ 4.	\$			\$				
5. l	ist all payroll deductions:									
	5a. Tax, Medicare, and Social Security deductions	5a.	\$			\$	_			
	5b. Mandatory contributions for retirement plans	5b.	\$	 		\$				
	5c. Voluntary contributions for retirement plans	5c.	\$			\$	_			
	5d. Required repayments of retirement fund loans	5d.	\$			\$	_			
	5e. Insurance	5e.	\$			\$	_			
	5f. Domestic support obligations	5f.	\$			\$	_			
	5g. Union dues	5g.	\$			\$	_			
	5h. Other deductions. Specify:	5h.	+\$_		-	+ \$				
			\$			\$	-			
			\$			\$ \$	-			
	Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.					\$	-			
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$			\$	-			
8.	List all other income regularly received:									
	8a. Net income from rental property and from operating a business, profession, or farm									
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00		\$	_			
	8b. Interest and dividends	8b.	\$	0.00		\$				
	8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	ent								
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00		\$	_			
	8d. Unemployment compensation	8d.	\$	0.00		\$	_			
	8e. Social Security	8e.	\$	0.00		\$	_			
	8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.			0.00						
	Specify:	8f.	\$			\$	_			
	8g. Pension or retirement income	8g.	\$	2,044.00		\$	_			
	8h. Other monthly income. Specify: 1/12 IRS Refund	8h.	+ \$	190.00		+\$				
9.	Add all other income . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$_	2,234.00		\$				
	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$	2,234.00	+	\$	_ =	\$	2,234.0	00
	State all other regular contributions to the expenses that you list in <i>Sche</i> Include contributions from an unmarried partner, members of your household, friends or relatives.			ents, your roo	mm	ates, and other				
	Do not include any amounts already included in lines 2-10 or amounts that are	not a	vailable	e to pay expe	nses	listed in Schedule	J.			
	Specify:						11. +	\$	0.0	00
12.	Add the amount in the last column of line 10 to the amount in line 11. The					•	40	¢	2,234.0	00
	Write that amount on the Summary of Your Assets and Liabilities and Certain	Statisi	icai inf	ormation, if it	аррі	ies	12.	Ψ—— Com	bined thly inco	
13.	Do you expect an increase or decrease within the year after you file this $\begin{tabular}{c} \end{tabular}$ No.	form	?							
	Yes. Explain:									